

How to Submit Documents

You can submit the medical documents through your chain of command via fax, email, or mail.

You can Submit Documents to:

Unit
Battalion Medical Readiness NCO
Brigade Medical Liaison
State Surgeon's Office

Preventative Measures for Overall Good Health

- Use Stress Management Techniques
- Exercise Regularly
- Healthy Diet
- Healthy Weight Control
- Smoking Cessation

Website Link to Low Cost Clinics

NeedyMeds

http://www.needymeds.org/free_clinics.taf

State Surgeon's Office Website

Includes:

- Staff Contact Information
- Forms and Regulations
- Brochures

<http://www.calguard.ca.gov/GI/Pages/SSO.aspx>



CA ARNG State Surgeon's Office
9800 Goethe Road (Box 31)
Sacramento, CA 95826-9101
Fax: 916.854.4200

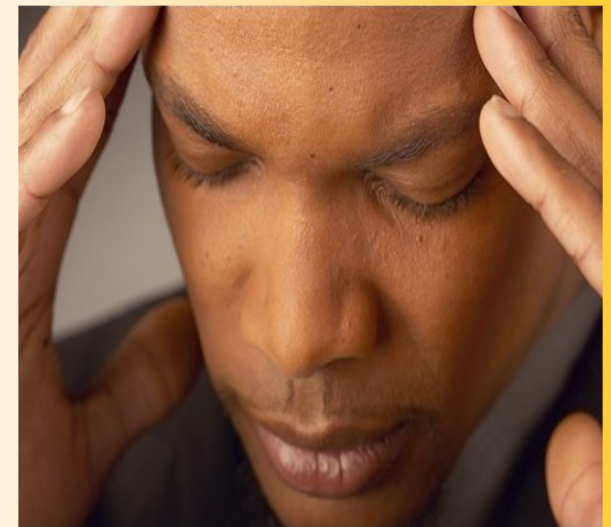
SSO Email: ng.ca.caarng.mbx.sso@mail.mil



Migraines/Headaches



California Army National Guard
State Surgeon's Office



Migraines/Headaches

You have reported having severe **Migraines/Headaches** that meet the following criteria: throbbing pain, nausea and/or vomiting, sensitivity to light and sound, and auras (e.g. flashes of light or blind spots). You will need to see your medical provider for further evaluation, diagnosis, and treatment.

Medically Non Deployable Status

You have been placed in a Medically Non Deployable (MND) Status for **Migraines/Headaches**. You will need to submit appropriate medical documentation through the proper chain of command to clear your medical flag.



What the State Surgeon's Office Initially Needs from your Medical Provider:

- Diagnosis (what is your medical condition)
- Results of Imaging Studies Deemed Relevant by Your Medical Provider (e.g. CT scan, MRI)
- Prognosis (what your doctor thinks your likely outcome will be)
- Treatment Plan (dietary changes, lifestyle changes, medications, etc.)
- Comment on Functional Activity Limitations (permanent or temporary, with duration)
 - What physical activities you can and cannot do (e.g. running, jumping, and lifting)

For Your Medical Provider:

This patient is an Army National Guard Soldier who reports prior history of **Migraines /Headaches**. Please evaluate and treat as indicated. Please provide results of diagnostic work-up, and comment on this patient's diagnosis, prognosis and treatment plan. Please indicate any functional limitations on attached sheet. Thank you.

Acceptable Medical Documents:

- Completed Standard Form 513 (SF 513)
- Office Visit/Provider Notes
- Results of any X-ray/Imaging Studies
- Results of any Diagnostic tests